STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004016	A. BUILDING: _____ B. WING _____	C 03/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE HOUSE	2770 S ADAMS RD BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00120591. Complaint IN00120591 - Unsubstantiated due to lack of evidence. Survey date: March 21, 2013 Facility number: 004016 Provider number: 004016 AIM number: N/A Survey team: Kimberly Perigo, RN-TC Census bed type: Residential: 46 Total: 46 Census payor type: Other: 46 Total: 46 Sample: 03 Monroe House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00120591. Quality Review 03/22/13 by Lisa McColly	R 000		